


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000030634**

1. Entity Name  
**STEVEN POSNER ENTERPRISES, LLC**



Principal Place of Business <b>10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161</b>	Mailing Address <b>10800 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33161</b>
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**DO NOT WRITE IN THIS SPACE**



02112007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>76-0811432</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**POSNER, STUART  
10800 BISCAYNE BOULEVARD  
SUITE 350  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

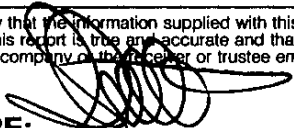
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM POSNER, STEVEN 10800 BISCAYNE BOULEVARD MIAMI, FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR POSNER, STUART 10800 BISCAYNE BOULEVARD MIAMI, FL 33161</b>
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02/28/07-80091-002 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Stuart Posner, Trustee 2/12/07 305-893-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #